

PO BOX 295  
TRENTON, NJ 08625-0295

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY — DIVISION OF PENSIONS & BENEFITS  
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST

APPLICATION FOR  
WITHDRAWAL

(Please print or type.)

1. Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

2. Address \_\_\_\_\_  
\_\_\_\_\_

3. Retirement System \_\_\_\_\_

4. Membership # \_\_\_\_\_

5. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

7. Gender ☐ Male ☐ Female

8. Home Phone # (\_\_\_\_\_) \_\_\_\_\_

9. Business Phone # (\_\_\_\_\_) \_\_\_\_\_

10. I am terminating my membership in the above Retirement System and therefore request withdrawal of the value of my account(s) in accordance with the provisions of Chapter 123, P.L. 1963 and the rules and regulations promulgated thereunder.
11. The taxable portion of your payment may be paid directly to you less 20% of the taxable amount withheld for federal income tax or it may be rolled over to an IRA or other employer's defined contribution plan. Please indicate your choice by checking one of the boxes below and following the instructions for the completion of the remainder of the form. If Item 11 is not complete or is completed incorrectly, the Division of Pensions and Benefits will automatically withhold 20% federal income tax.

☐ Withhold 20% federal income tax on the taxable portion of my payment.

☐ Roll over the entire taxable portion of my payment

to \_\_\_\_\_  
(PRINT THE NAME OF THE FINANCIAL INSTITUTION OR OTHER EMPLOYER PLAN)

☐ IRA (G)

☐ Employer Plan (H)

☐ Roll over \_\_\_\_\_ of the taxable portion of my payment  
(INSERT DOLLAR AMOUNT)

to \_\_\_\_\_  
(PRINT THE THE NAME OF FINANCIAL INSTITUTION OR OTHER EMPLOYER PLAN)

☐ IRA (G)

☐ Employer Plan (H)

*This option is only available if the taxable portion of your payment is \$500 or more.*

12. SIGNATURE OF APPLICANT \_\_\_\_\_

(YOUR SIGNATURE MUST BE NOTARIZED)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed  
before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary or  
Commissioner of Deeds \_\_\_\_\_

Official Title \_\_\_\_\_

**FOR DIVISION USE ONLY**

WRD \_\_\_\_\_

\_\_\_\_\_

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